

Vehicle Receipt Estimate &
Final Bill

NAME
T/A
TRADE NAME
ADDRESS
PHONE#

1. Customer Name: _____
Customer Address: _____
City and State: _____
Telephone No.: _____

VEHICLE TO BE REPAIRED

2. Make _____ Year: _____ License No.: _____ Odometer _____
3. Received by: _____ Date: _____
4. Estimated by: _____ Date: _____
5. Customer description of Malfunction: _____

6. Repair dealer diagnosis of these malfunctions: _____

7. Promised Completion: _____ Date: _____ 28. Completed Date: _____ Final Bill

8. Service Required:		10. Estimate Parts Labor	29. Mechanic	30. Time	31. Parts	Labor

19. Bond Filed With Board

20. The final bill will not exceed the estimated by more than 20% if the total cost is \$300.00 or less, of by more than 10% if total costs is in excess of \$300.00, unless you agree to a modification of the estimate.

21. If there are any questions regarding more repairs, contact the store listed above.

Sub Totals

11. Parts Total
12. Labor Total
13. Subcontract Total
14. Estimate Charge
15. Storage Charge
16. Total Repair Charge
17. Tax
18. TOTAL ESTIMATE

40. All labor performed and parts replaced was necessary to performs repairs.

41. REPAIRS
GUARANTEE:
Parts – 90 Days
Labor – 90 Days

Sub. Totals

32. Parts Total
33. Labor Total
34. Subcontractor Total
35. Estimate Charge
36. Storage Charge
37. Total Repair Charge
38. Tax
39. TOTAL ESTIMATE

22. **SAVE THIS DOCUMENT TO MAKE INQUIRIES.** Contact the D.C.R..A. between 8:15a.m. and 4:30 p.m./ at 941 North Capitol Street, N.E. 1st floor, Washington, D.C. 20002, telephone number (202) 442-4400.

23. I hereby authorize and agree to pay for all repairs described in the estimate column.

Customer Signature

Date

24. I want / I do not want any replaced parts returned to me _____ (Initialed by customer)

25. ORAL AUTHORIZATION OF REPAIRS

NOTICE TO CUSTOMERS – ESTIMATE

YOU HAVE THE RIGHT TO RECEIVE A WRITTEN ESTIMATE WHICH IS SIGNED BY YOU AND THE DEALER BEFORE REPAIR SERVICES ARE AUTHORIZED AND BEGUN.

If for technical reasons we are unable to give you a written estimate at the time we are accepting your vehicle for repair, we would not be permitted to proceed with repairs unless you waive your right to a written estimate.

Therefore, if you wish to waive this right, you may do so by signing the waiver below.

“I hereby waive my right to a written estimate to authorizing repairs, but substitute oral communication of same.”

Signed: _____ Date: _____

NOTICE TO CUSTOMERS: You will be assessed an estimate charge if you elect not to proceed with repairs after you receive the estimate. If customer orally authorizes repairs based on oral communication of the same estimate, or modification of estimated costs, reflect oral consent here.

Communication by: _____ Authorized by: _____ Time: _____ Date: _____

26. Service Dealer (Name of Company): _____ Date: _____

27. If you charge for storage, a statement indicating when the charges begin and how much per day, etc.

A storage charge of: _____ per day will begin _____ hour(s) after repair is completed.